

Instructions

This form is to be completed by the person filing a complaint for a violation of special education laws or regulations on behalf of a child eligible under the IDEA and Rhode Island Special Education Regulations. For information on the appropriateness of this complaint, please consult the Rhode Island Department of Education web site at www.ride.ri.gov or call the Rhode Island Department of Education, Office for Diverse Learners, at (401) 222-3505. Please complete all requested information and mail this completed form to:

Rhode Island Department of Education
Office for Diverse Learners
255 Westminister Street
Providence, RI 02903

PERSON FILING COMPLAINT: _____

ADDRESS: _____

Street	City/Town	State	Zip Code
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TELEPHONE/FAX/CELL: _____

RELATIONSHIP TO STUDENT: _____

STUDENT'S NAME: _____ DATE OF BIRTH: _____

SCHOOL AND GRADE LEVEL: _____

If the parent is not filing this complaint, please provide the following information if available:

PARENT'S NAME: _____ Phone: _____

ADDRESS: _____

Street	City/Town	State	Zip Code
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State the nature of the complaint including specific dates and instances of special education violations. You may attach additional sheets or continue on the back of this form.

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Has the school been made aware of this complaint? Yes No (circle one)

List school district personnel who have been notified of this complaint:

SIGNATURE: _____ Print Name: _____ Date: _____